		Effec	tive Octob	/NO	'	1	08	OC.	86	60	0			
CLAIMS AS FILED - PART I SMALL ENTITY OF													TH.	AN
(Column 1) (Column 2)								TYPE	_		OR			
Ľ	JIAL CLAIMS	<u> </u>	<u></u>			<u> </u>		RATE		FEE		RATE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F		385.00	OR	BASIC FEE	BASIC FEE 770	
TOTAL CHARGEABLE CLAIMS			\(\int \) minus 20=		. 18			X\$ 9=			OR	X\$18=	જ	74
	DEPENDENT C		minus 3 =					X43=			OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=	=		OR	+290=	,	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTA			OR	TOTAL	12	W
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)												OTHER		
4	1	(Column 1)		(Colum		(Column 3)	ı e	SMAL	L ENTI		OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	TIO	ODI- INAL EE
N N	Total	. 48	Minus	- 49	8	= <i>D</i>		X\$ 9=	1		OR	X\$18=		
AME	Independent	* /	Minus	3))	- 8		X43=	I	_	OR	X86=		
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1		OR	+290=		
		L	TOTA			OR	TOTAL	$\vdash \vdash$						
		(Column 1)	A	VDDIT. FE	EL		1	ADDIT, FEE	1					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOU PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ŀ	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
NO.	Total	•	Minus	***	•			X\$ 9=			OR	X\$18=		
AME	Independent	*	Minus	***	~ A114			X43=	T		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1		OR	+290=		
		ا	TOTA DDIT. FEI			OR	TOTAL ADDIT. FEE							
		(Column 1)				-	•	, ,	WUIT. TEEE	•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	(Colum HIGHE NUMBI PREVIOL PAID FI	ST IER USLY	(Column 3) PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	πο	DI- NAL
Ş Ş	Total	•	Minus	**		= .	Γ	X\$ 9=	T		OR	X\$18=		
AME	Independent		Minus	***		=		X43=	†		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	'ENDENT		-		十		On I				
+145= +145=											OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***Of the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR A	TOTAL ODIT. FEE		
T	he "Highest Num	ber Previously Paid	For" (Total or	Independer	nt) is the	highest number	foun	d in the a	ppro	opriate box	in colu	mn 1.		٠

Application or Docket Number